APPENDIX II-C

RULEMAKING NOTICE FORM

NOTE: ADDITIONAL NOTICE

See page one of the instructions regarding additional notice, especially notice to standing policy committees under circumstances described in RSA 541-A:10, I.

| Notice Number | Rule Number | Lab 500 | | | |
|--|--|---------|--|--|--|
| 1. Department of Labor 95 Pleasant St Concord NH 03301 | 2. RSA Authority: 3. Federal Authority: 4. Type of Action: Adoption Amendment Repeal Readoption Readoption | X | | | |
| 5. Short Title: WORKERS COMPEN | WORKERS COMPENSATION CLAIMS | | | | |

- 6. (a) Summary of what the rule says and of any proposed amendments:
 - (1) Clarifies definitions of days, forms and special officers used throughout the rules.
 - (2) Instructs carriers as to what is necessary for medical authorization.
 - (3) Allows carriers to submit electronic wage information.
 - (4) Discusses requirements for independent medical examinations.
 - (5) Clarifies that the carrier has the responsibility of telling the injured worker what benefits are provided under the law.
 - (6) Instructs carriers to pay benefits on the same day of the week each week for consistency.
 - (7) Removes the how to complete forms section and add the actual forms to the appendix.
 - (8) This rule concerns the procedures for fulfilling and documenting benefits under the workers' compensation law.

Most of the existing rules are scheduled to expire 11/1/15, but are subject to extension pursuant to RSA 541-A:14-a.

6. (b) Brief description of the groups affected:

This rule affects employers, insurance carriers, and injured workers involved in workers' compensation claims.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

See Attached Appendix

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| 7. | 7. Contact person for copies and questions including requests to accommodate persons with disabilities: | | | | | | |
|-------------------|---|---------------------------------|--------------------------|------------------------|---|--|--|
| Name: Address: | Name: Sue Hines | | | Title: | Administrative Assistant | | |
| | Address: | 95 Pleasant St Concord NH 03 | | Phone #: | 271-3172 | | |
| | | | 03301 | Fax#: | 271-2581 | | |
| | | | | E-mail: | Susan.Hines@dol.nh.gov | | |
| | | | | TTY/TDD or dial 711 | Access: Relay NH 1-800-735-2964 (in NH) | | |
| 8. | Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: November 13, 2015 | | | | | | |
| | ⊠Fax | | ⊠E-mail | | Other format (specify): | | |
| 9. | Public hearing scheduled for: | | | | | | |
| | Date and Time: November 6, 2015 2:00 PM | | | | | | |
| | Pl | ace: | 95 Pleasant St Concord N | Н 03301 | | | |
| 10. | . Fiscal Impact Statement (Prepared by Legislative Budget Assistant) | | | | | | |
| | FIS# | 15:174 | , dated | October 7, 2 | 2015 | | |
| 11. | Statement Relative to Part I, Article 28-a of the N.H. Constitution: | | | | | | |

This rule does not mandate or assign any new, expanded or modified programs or responsibilities to any political subdivision in such a way as to necessitate additional local expenditures by the political subdivision.